MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
13719

MAY 22 1933

1. PLACE OF DEATH
County: Laclede
Township:
City: Lebanon (No. ..... St. ..... Ward)
Registration District No. 449
Primary Registration District No. 4267
File No.
Registered No. 1832

2. FULL NAME: James Lee Titterington

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Hallie Lanier

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 9th. 1865

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
67	6	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Dentist
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.:
10. Date deceased last worked at this occupation (month and year): Apr. 1933
11. Total time (years) spent in this occupation: 35 Yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richland Mo.

FATHER
13. NAME: James Titterington
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hopkinsville Ky.

MOTHER
15. MAIDEN NAME: Mary Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Clarksville Tenn.

17. INFORMANT (ADDRESS): Mrs. J. L. Titterington Lebanon Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Richland Mo. DATE: Apr. 30-1933

19. UNDERTAKER (ADDRESS): W. H. Jones Richland Mo.

20. FILED: 4/28, 19 33 J M Billings Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Apr. 27-33, 19

22. I HEREBY CERTIFY, That I attended deceased from Mar. 25, 1933, to Apr. 18, 1933
I last saw him alive on Apr 26 1933, 19 ..... Death is said to have occurred on the date stated above, at 1 P.M. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Apoplexy.	
62A	
11B	

Other contributory causes of importance:
Influenza

Name of operation: None Date of: —
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ....., 19
Where did injury occur? None
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: None
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) L Thompson, M. D.
(Address) Lebanon Mo

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.